



ECDC Advisory Forum

Minutes of the 24th Meeting of the Advisory Forum Stockholm, 8-9 December 2010

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Opening and adoption of the agenda and noting the Declarations of Interest, if any *(Documents AF24/2 Rev.2; AF24/3 Rev.2)*

1. The chair, ECDC Chief Scientist Johan Giesecke, opened the meeting and welcomed the Advisory Forum (AF) members and alternates to the twenty-fourth meeting. He also welcomed George Saroglou (newly appointed Member, Greece), Frank Van Look (European Commission), Guénaél Rodier (WHO Regional Office for Europe), and Elisabeth Nagy (European Society of Clinical Microbiology and Infectious Diseases).
2. Apologies were received from Belgium, Cyprus, Hungary, Iceland, Italy, Latvia, Liechtenstein, Luxembourg, Poland, Slovak Republic, European Patients' Forum (NGO) and Standing Committee of European Doctors (NGO).
3. The chair called for the submission of Declarations of Interest forms to the Secretariat in respect of the agenda items. Under item 4d, EU-adapted guidance on the use of the Interferon Gamma Release Assays in tuberculosis programmes in support of diagnosis of latent tuberculosis infection and active tuberculosis disease, Steffen Glismann, Alternate, Denmark, declared that SSI distributes the product in Denmark, Ireland, Norway and Sweden. He also noted that he is the project leader of EUVACNET (item 6b – Transfer of EUVACNET to ECDC). Jean-Claude Desenclos, Member, France, informed, in reference to item 5b (Risk Assessment and management of Mosquito-borne Diseases in the European Region), that InVS (National Institute for Public Health) was arranging the logistics for the meeting on this topic in Paris and declared that although he was not the member of the ECDC expert panel, he attended the expert meeting as an observer. Florin Popovici, Member, Romania, also attended the meeting in INVS. With reference to agenda item 8 (REACT Project: current highlights of key findings and tools), Gérard Krause, Member, Germany, declared that he is the scientific leader of REACT. Mike Catchpole, Member, United Kingdom, noted that he is a member of the REACT Steering Group and a co-leader for the REACT work package. The Member from Norway, Preben Aavitsland, pointed out that his department at the Norwegian Institute of Public Health is associated partner and beneficiary of the REACT project. Darina O'Flanagan, Member, Ireland, informed that she is a partner of Venice project (item 6b – Transfer of EUVACNET to ECDC). Irena Klavs, Member, Slovenia, declared that she is the EPIET Training site representative (item 5 – Epidemic Intelligence: update on recent threats in the EU).
4. The draft agenda was approved with one minor alteration in order that Denis Coulombier's report on Haiti could be prioritised at the beginning of the agenda.

Adoption of the draft minutes of the 23rd meeting of the Advisory Forum held in Stockholm (29-30 September 2010) *(Document AF24/4 Rev.1)*

5. Members from Finland, France, Ireland and the WHO representative requested minor changes to the minutes. These changes will be reflected in the final version prepared by the Director's Office and published accordingly.

Update from ECDC on the main activities since the last Advisory Forum meeting

6. Following a slight change in the agenda, Denis Coulombier, Head of Preparedness and Response support Unit, initially presented an update of the situation in Haiti.¹ In response to the recent cholera outbreak in Haiti, ECDC sent a team of experts to Port-au-Prince. In the ensuing discussion, one member inquired about the nature of the evidence concerning the cause of the outbreak, to which Denis Coulombier responded that evidence was largely epidemiological: the first cases were reported after a Haitian subcontractor dumped feces from a latrine at a United Nations' peacekeepers camp into the Artibonite river near Mirebalais town in central Haiti. Laboratory confirmation remains outstanding, but the US CDC had typed the isolate and it was a perfect match

¹ Item 5 - Epidemic Intelligence_Haiti (D Coulombier).pdf

with the strains found in India and Pakistan.² In response to further questions, Denis Coulobier affirmed that prior to the outbreak, disease surveillance was practically non-existent in Haiti, and that the current system as established by NGOs and national health services with support from US CDC, grossly underreported the number of cholera cases. He added that it was difficult to assess the risk posed by travelling and migration, but that it stood to reason that neighbouring countries and islands were at risk to receive imported cases, as would countries with a high number of Haitian immigrants.

7. The representative from the European Commission thanked ECDC for its successful collaboration in the field but cautioned that in the future several questions need to be answered: there was, for example, concern at the Commission level that the EU response would be 'diluted' by the number of rapid responses, and that the reporting system was not yet mature. But any long-term response would not be considered adequate. This was acknowledged by Denis Coulobier, who added that the 'absorption capacity' was taxed by the influx of additional experts and the resulting security concerns.

8. In response to a question from one member, Denis Coulobier pointed out that vaccination was not an option as the availability of the vaccine was limited (only 300,000 doses worldwide) and the difficulties presented by logistics and the infrastructure were insurmountable. In addition, the one-month delay in developing immunity makes it advisable not to vaccinate at this point in time. Therefore, priorities were patient care and potable water.³

9. The Director informed the AF about his activities since the last AF meeting, including meetings at the European Parliament, the US CDC, and in Stockholm (Management Board).

10. Updates from the other Units followed: Piotr Kramarz (Deputy Head of Scientific Advice Unit), Denis Coulobier (Head of Preparedness and Response support Unit), Andrea Ammon (Head of Surveillance Unit), Ines Steffens (Acting Deputy Head of the Communication and Country cooperation Unit) presented their updates as PowerPoint slides.⁴

11. The following discussion focussed on ECDC's need for a more spacious and environmentally friendly building that would be more conducive to epidemiological work than the current one which dates back to 1888. ECDC hopes to move to a modern building by 2011/2012. The Director cited differences with the current landlord over an opt-out clause in the lease agreement as one of the decisive factors behind this decision.

12. In response to a question from a member on the status of EPIET fellows, Denis Coulobier replied that the decision to add a new Member State track would not change the status of currently enrolled fellows. Another member expressed his praise for the new EPIET Member State track and predicted a rising number of participants in the coming years. Denis Coulobier pointed out that EPIET was actively addressing capacity issues by developing new training sites and taking steps that would ensure the same level of guidance and supervision as before. Another member regretted that his country would probably have to cut the number of EPIET fellows by 50% due to budget cuts. One representative stated that her country did not have the financial means to support any fellows for the EPIET Member State track.

Scientific Advice Unit (SAU) issues:

a) Reconsidering the severity of pandemics and seasonal influenza *(Document AF24/5)*

13. Angus Nicoll, Influenza Coordinator, Scientific Advice Unit, ECDC, gave an introductory talk regarding an Advisory Forum workshop scheduled for the afternoon entitled 'Measuring the severity of influenza – no simple scale'.⁵

² <http://www.nejm.org/doi/full/10.1056/NEJMoa1012928>

³ Please note the recent change in vaccine availability and WHO policy: McNeil DG. Use of cholera vaccine in Haiti is now viewed as viable. New York Times, 10 Dec 2010. Available from: <http://www.nytimes.com/2010/12/11/world/americas/11cholera.html>

⁴ Item 3 - Update from ECDC.pdf

⁵ Item 4 - Scientific Advice Unit issues.pdf

14. While three members admitted that they were initially baffled by the project and the publication,⁶ other members supported the overall concept ('pandemic seriousness matrix') as a step forward and acknowledged the need for a mechanism/procedure when dealing with pandemics. All speakers acknowledged the difficulties in grading severity and pointed out the need for clear-cut indicators and good clinical and case fatality data, ideally provided through a clinical network.

15. When one member noted that the proposed matrix failed to address ethical issues (prioritisation and allocation of intensive care), Angus Nicoll replied that this was beyond the scope of the proposal and that ethics should be treated separately.

b) Progress report from the Burden of Infectious Disease in Europe project

16. Piotr Kramarz, Deputy Head of Scientific Advice Unit, gave a detailed overview of a complex Excel workbook consisting of several worksheets. The presented workbook was a core element of a planned 'study package' that will be distributed to the Member States later next year where it will be used to record data needed for the calculation of disease burdens for the 41 diseases covered by EP and Council Decision 2119/98/EC.

17. Several AF members praised the Burden of Disease Project as not only important but highly relevant to public health in Europe. Yet they also expressed concern that providing data was not a simple procedure and required much time. One member identified two key questions: i) Will the project provide a set of burden-of-disease estimates for the whole of the EU, and; ii) How much of the recorded differences in burden of disease between the countries will be due to underreporting? Piotr Kramarz responded that the complexity of the project methodology would be addressed via consulting and training sessions for the Member States; a variety of adjustment strategies would be used to address reporting biases; and ECDC would eventually develop its own disability weights, but initially would have to use weights from previous studies.⁷

c) Progress report from the ECDC external Working Group on Evidence-based Methods for public health

18. In his presentation, Frode Forland, Senior Expert, Scientific Advice Unit, summarised the results of a working group on evidence-based methods for public health. The working group's suggestions included a five-stage approach (verification, description, risk assessment, advice, and implementation/evaluation). To further advocate evidence-based methods, twice-a-year training sessions will be held in conjunction with Germany's Robert Koch Institute in Berlin. The working group's final report will be available in March 2011.

d) EU-adapted guidance on the use of the Interferon Gamma Release Assays in tuberculosis programmes in support of diagnosis of latent tuberculosis infection and active tuberculosis disease. Ad hoc scientific panel opinion (Document AF24/6)

19. Emma Huitric, Scientific Officer for tuberculosis, Scientific Advice Unit, started her presentation⁸ by stating the need for EU-adapted guidance on IGRAs (Interferon Gamma Release Assays, IGRAs). She then summarised the findings of an ad hoc scientific panel on IGRAs.

20. One member described the draft document on IGRAs⁹ as very important, but added that the document would greatly benefit from professional editing. Emma Huitric replied that factual and linguistic errors would be corrected in the final version of the document.

⁶ Nicoll A, Ammon A, Amato Gauci A, Ciancio B, Zucs P, Devaux I, et al. Experience and lessons from surveillance and studies of the 2009 pandemic in Europe. *Public Health* 2010. 124:14–23.

⁷ For example: Murray CJL, Lopez AD, eds., *The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020*. Cambridge: Harvard University Press, 1996.

⁸ Item 4 - Scientific Advice Unit issues.pdf

⁹ "EU-adapted guidance on the use of the Interferon Gamma Release Assays in tuberculosis programmes in support of the diagnosis of latent tuberculosis infection and active tuberculosis disease"

21. In response to further questions, Emma Huitric pointed out that a two-step approach was considered the most cost-effective and that the number of Swedish members in the scientific panel was a random occurrence and not due to any bias.

e) Follow-up of the TB Action Plan

22. In his presentation on the TB Action Plan, Davide Manissero, TB Programme Coordinator, Scientific Advice Unit, stressed the fact that the TB Action Plan was 'unprecedented in its scope'. He then reported on the feasibility of monitoring progress in TB control.

f) Preliminary report from the ECDC Scientific Panel on carbapenemase-producing Enterobacteriaceae

23. Anna-Pelagia Magiorakos, Expert, Antimicrobial Resistance and Healthcare-Associated Infections, Scientific Advice Unit, summarised the findings of a report on carbapenemase-producing *Enterobacteriaceae* (CPE).¹⁰ The report was based on three systematic literature reviews that focussed on risk factors, effectiveness and accuracy of testing. All in all, the literature review yielded only 60 articles, with an overwhelming majority being biased and heterogeneous.

24. One member felt reassured in his opinion that there were no hard epidemiological data and evidence regarding the transmission of CPE across borders. The member also expressed his displeasure with the fact that his country was considered an endemic country for CPE despite weak epidemiological data and a complete lack of clinical cases.

25. Responding to a question from the Netherlands about whether there should be one European reference lab or a network of designated reference labs that could correctly diagnose and confirm CPE, Anna-Pelagia Magiorakos said that there was currently no concrete plan to centralise reference laboratories, and that each country should have a designated reference laboratory to properly assess the CPE situation and this would be a part of its necessary capacity-building.

26. Responding to a comment from France about whether ECDC should model infection control guidance after previous guidance documents for other multidrug-resistant organisms (MDROs) and that ECDC should consider creating guidance on all other MDROs, Anna-Pelagia Magiorakos stated that ECDC has already considered using other guidance documents for other MDROs in a future guidance document about control of CPE.

g) Draft Joint (ECDC-EFSA) Scientific Opinion on any possible epidemiological or molecular association between TSEs in humans and animals (Document AF24/7)

27. Daniel Palm, Expert, Scientific Advice Unit, presented the work of the TSE expert group, explaining the background, methodology and conclusions of the panel. It was explained that the Opinion was currently being reviewed by EFSA in anticipation of joint publication early in 2011.

28. Commenting on the conclusion that systematic surveillance of human TSEs should be broadened to include all forms of CJD, one member questioned the validity of putting resources into monitoring such a rare disease.

29. However, another member felt that because it is a rare disease, monitoring it does not in fact require much resource.

30. A further comment was that, given the uncertainties surrounding these diseases and the long incubation period, it is important to increase knowledge in order to be prepared.

31. Daniel Palm added that the opinion of the panel was that the likelihood of another outbreak of a human TSE was quite high.

¹⁰ Item 4 - Scientific Advice Unit issues.pdf

h) Feedback on inclusion of the AF priorities on Scientific Advice in the 2011 Work Programme

32. Piotr Kramarz outlined how the highest scoring priorities have been incorporated into ECDC's 2011 Work Programme. He explained that the full presentation would be made available on the AF extranet following the meeting.

33. The member for the European Commission expressed concern that the current process to include or not work on scientific advice was based on counting responses, in which political requests (e.g. from MEPs) could easily be lost and suggested that the process could be reconsidered to take account of requests coming from a high policy level.

34. ECDC reassured members that requests from the EC had been taken on board and the resulting Work Programme was a good reflection of discussions with them. Further, it was clarified that the items presented were only to provide the requested feedback to the AF on their highest scoring priorities; it was not the full plan. However, it was acknowledged that the process is relatively new and still being refined year by year. Comments and suggestions are always welcome.

35. One member responded to the Commission's comments by reminding the Commission's representative that this process had been developed in collaboration with the whole AF and already been agreed upon in previous AF meetings. If the needs of the Commission are not being met by this process, then the AF is the body to decide whether the EC views should be weighted in such a scoring system.

Epidemic Intelligence: update on recent threats in the EU

a) Risk Assessment and management of Mosquito-borne Diseases in the European Region

36. Wim Van Bortel, Entomologist, Vector Borne Diseases, Scientific Advice Unit, gave a presentation on the outcomes from a consultation meeting that was held in November. He gave a summary of the discussion for each of the diseases concerned and the recommendations that were made.¹¹

37. One member asked whether there was an overview of what surveillance activities were currently being carried out in the Member States with regard to the mosquito populations.

38. In reply, Wim Van Bortel explained that there has been an effort to map the presence of the vectors by V-borne Net project. Surveillance activities are also being mapped by means of a questionnaire sent to the Member States and a preliminary view of the results are expected in March 2011. The preparation of guidelines on the surveillance of mosquitoes has been included in ECDC's 2011 Work Programme.

39. Several members commented to the effect that surveillance of the vectors was as, if not more, important than surveillance of the diseases.

40. One member asked whether sentinel surveillance being carried out in the U.S.A. had been taken into account in the discussions and plans. In response, it was explained that some drivers had been found to have different effects in different ecosystems, so although the U.S.A. data is interesting, it is important to have a European view. What is needed is better coordination of different research projects and to decide what information is currently lacking from a European public health point of view.

41. There was a general feeling that more specialist field entomologists are required.

42. The European Commission informed the AF that there had already been some questions from Member States regarding possible control measures such as closing the importation of bamboo shoots. It is likely that similar questions will continue to be raised, especially regarding the import and export of used tyres. If import restrictions are needed from a public health perspective, it will be

¹¹ Item 5b - Mosquito-borne Diseases (D Coulombier).pdf

important for health representatives in the Member States to advise their colleagues in the relevant committees.

43. In response, it was said that trade had not been discussed, but that it was evident that it was an important driver. However, there is already an established population of the vectors in Europe; thus control measures should be considered that will slow the spread.

44. The representative from WHO added that a letter has been prepared with the Commission to raise awareness among Ministers in southern European countries of the presence of these diseases. Many of the affected countries depend on revenue from tourism and so the potential problems extend beyond public health. He reminded members that there is a requirement to impose control measures under the IHR.

b) Criteria for EWRS postings

45. Denis Coulombier, Head of Preparedness and Response Unit, presented the proposed new criteria for EWRS notification.¹² In order to assess current reporting behaviour, seven scenarios were put to the members who were asked to indicate whether and how they would notify (based on the existing criteria) in each situation.

46. Noting that the results were quite diverse, Denis Coulombier further explained that all the scenarios were based on real events when there had been uncertainty as to whether they fulfilled reporting criteria or not. It was therefore interesting to see whether there was any consensus among members.

47. One member recommended that in case of doubt, the simplest thing was to call ECDC and ask for advice. Another added that the best way to improve individual judgement and remove personal bias is to look at the situation collectively. One suggestion at the EWRS meeting was to hold a weekly phone meeting to review notifications, but many Member States were opposed to that on practical grounds. Instead, he suggested that a small group of people, not representing their national interest, could be convened to regularly review notifications.

48. Another member further commented that it would be useful to have a collection of examples of the use of the EWRS and the consequences those notifications in order to learn from them and improve future judgement.

49. Denis Coulombier, in response to comments, clarified that EPIS is foreseen as the forum for consultation and risk assessment and to judge collectively whether notification criteria are met. The lack of consensus illustrates the difference between indicator-based surveillance and event-based surveillance. The former is based on clear case definitions and so fewer uncertainties arise, whereas the latter is more a matter of personal judgement. He felt that consultative groups could be considered, and also that a list of events that proved difficult for ECDC to classify can be provided.

ECDC Communication and Country cooperation Unit (CCU) Activities

a) Overview of ECDC communication initiatives

b) Providing evidence-base for health communication

50. Karl Ekdahl, Head of Communication and Country cooperation Unit, presented an overview of ECDC's communication activities (Item 7a).¹³ Ülla-Karin Nurm, Senior Expert in Health Marketing/Social Mobilisation, Communication and Country cooperation Unit, provided more information on the work of the Knowledge and Resource Centre on Health Communication (KRC) within CCU (Item 7b).¹⁴

¹² Item 5a - Epidemic intelligence_EWRS criteria (D Coulombier).pdf

¹³ Item 7a - Overview of ECDC communication initiatives (K Ekdahl).pdf

¹⁴ Item 7b - Providing evidence-base for health communication (U-K Nurm).pdf

51. One member inquired about the use of social media like Twitter and Facebook, but warned that organisations may receive very negative feedback.

52. Karl Ek Dahl explained that ECDC had used Twitter, albeit only so far from the ESCAIDE conference. An internal workshop is planned for 2011 to develop a strategic view on the use of social media. Ülla-Karin Nurm added that engaging in activities using social media requires a lot of resources, but also noted that social media encompasses many more channels than just Twitter and Facebook: wikis, blogs and more professional platforms, for instance.

53. A member noted that it is a question of moving from a one-way communication to engaging in a discussion. It is a good direction to go in, but should be exercised with caution and not without a clear idea of what we want to achieve.

Surveillance issues

54. It was agreed to postpone one of the topics under item 6, Results of concordance study for case definitions of healthcare-associated infections, until the next meeting.

a) Update on the pilot of the Point Prevalence Survey

55. Carl Suetens, Senior Expert, Surveillance Unit, presented the results of the pilot PPS of healthcare-associated infections (HAI) and antimicrobial use in European acute care hospitals. He noted that some Member States do not feel that they can commit to a representative sample of hospitals so this issue is still being discussed.

56. In response to a question regarding the high percentage of HAI that are present at admission, Carl Suetens explained that specific criteria are built into the case definition to link an infection at admission to a previous hospital stay (discharged from a hospital since less than 48 hours for most HAI, except 28 days for *C. difficile* infections and 30 days after surgery for surgical site infections).

b) Transfer of EUVAC.NET to ECDC (Document AF24/8)

57. Tarik Derrough, Expert, Vaccine Preventable Diseases, Surveillance Unit, updated the members on the transfer of EUVAC.NET to ECDC.

58. Some members commented that surveillance of varicella was not necessary unless a vaccine was introduced. Further, that it is already known that the incidence is high so there is nothing to be gained from surveillance.

59. However, others argued that baseline data are needed in order to be able to assess the impact of any introduction of a vaccine (likely within the next 5–10 years). Although agreeing that it is necessary to monitor the effect of vaccination, one member remarked that the issue was how best to achieve that, and suggested that prevalence by age group might provide more useful information.

60. Johan Giesecke agreed that the issue would be discussed further at a forthcoming meeting.

REACT Project: current highlights of key findings and tools

61. The first presentation on Thursday morning came from the German Member, Gérard Krause, who presented a new tool developed within the framework of the REACT project: 'Response to Emerging Infectious Diseases: Assessment and Development of Core Capacities and Tools'.

62. REACT consists of four elements: surveillance of infectious diseases during mass gatherings; surveillance of outbreaks in healthcare workers; reporting of IHR-relevant events from local to national level; and international contact tracing after exposure to infectious diseases in public ground conveyances (i.e. vehicles such as buses or streetcars). He admitted that scientific evidence in this area is scant, and only a few infectious diseases are relevant for contact tracing in public ground

transport. He therefore was slightly hesitant to roll out this tool, despite its methodological soundness. Further details can be found in his presentation.¹⁵

63. One member remarked that developing a contact tracing tool for ground vehicles was hampered by a paucity of evidence, a fact that was further exacerbated by the difficulties of finding a one-size-fits-all solution for Europe. Another member added that field testing the tool could overcome the current limitations and prove or disprove the tool's usability.

The increasing incidence of invasive infections caused by azole resistant *Aspergillus fumigatus*

64. Roel Coutinho, Member, Netherlands, presented¹⁶ the results of research conducted by Paul Verweij, a microbiologist at Radboud University's Medical Centre, Nijmegen. Paul Verweij showed that there was evidence for increasing incidence of azole-resistant invasive *Aspergillus*. The spread of TR/L98H in Europe is cause for concern, and the heavy use of DMI fungicides¹⁷ in agriculture makes it likely that further azole-resistant strains will emerge in the future. Given the high fatality rate for invasive aspergillosis, particularly in patients with major underlying conditions, the situation calls for a closer look at the situation in the individual Member States.

65. After a brief discussion on the appropriateness of measures, the AF supported a proposal by the Dutch Member that ECDC should call an expert meeting on this matter. The Director confirmed that ECDC would summon an official and properly funded ECDC expert meeting during the first quarter of 2011. Ideally, the meeting would take place in Nijmegen, and the Netherlands would provide technical support.

Results of the Working Group Sessions

a) Working Group A: ECDC Communication Outputs: The Way Forward

66. Sotirios Tsiodras, Alternate, Greece, summarised the results of the discussions in his working group (ECDC Communication Outputs: The Way Forward). An overview of challenges and solutions can be found in the working group's PowerPoint presentation.¹⁸

b) Working Group B: Measuring the severity of influenza

67. The results of the second working group (Assessing the severity of influenza) were presented by Preben Aavitsland, Member, Norway. The preliminary conclusions can be found in the working group's PowerPoint presentation.¹⁹

68. Following the output of the working group presented by its Chair, it was agreed that some members of the AF would work with Angus Nicoll to review the paper in the light of the comments received from the plenary session, as well as from the working group session. A number of AF members volunteered.

c) Working Group C: Measuring the impact of ECDC's scientific advice

69. The third working group (Measuring the impact of scientific advice) was represented by Mike Catchpole, Member, United Kingdom. Results and 'next steps' are available in the accompanying PowerPoint presentation.²⁰

¹⁵ Item 8 - REACT Project (G Krause).pdf

¹⁶ Item 9 - Infections caused by azole resistant *Aspergillus fumigatus* (R A Coutinho).pdf

¹⁷ Verweij PE, Snelders E, Kema GH, Mellado E, Melchers WJ. Azole resistance in *Aspergillus fumigatus*: a side-effect of environmental fungicide use? *Lancet Infect Dis*. 2009 Dec;9(12):789-95.

¹⁸ Working Group A - ECDC Communication Outputs (S Tsiodras).pdf

¹⁹ Working Group B - Severity of influenza (P Aavitsland).pdf

Update on surveillance of pneumococcal invasive infection in Europe: interface between epidemiology and microbiology

70. Andrea Ammon (Head of Surveillance Unit) updated the AF on surveillance of pneumococcal invasive infection in Europe. Details can be found in her slide presentation.²¹

Update from the Hungarian EU Presidency

71. In a presentation entitled, 'Proposed health sector priorities of the Hungarian EU presidency', Elisabeth Nagy, Alternate, European Society of Clinical Microbiology and Infectious Diseases, presented a series of public health-related activities planned for the Hungarian EU presidency.²²

Any other business

72. One member pointed out that the frequent use of abbreviations was not always in the interest of good communication and suggested that ECDC should prepare a list of abbreviations and make it available to all AF members in due course.

73. The Member from France opined that the Advisory Forum had increasingly turned into a forum for ECDC to deliver staff presentations to the AF members, which in turn had made it increasingly difficult to address 'burning item' issues requiring advice from the AF. He urged a return to a better balance between presentations and discussions.

74. The Director maintained that the dialogue and counsel from the AF had absolute priority for ECDC and that the AF's input was indispensable. He added that future AF meetings would attempt to strike a better balance between discussions and staff presentations.

75. The chair announced that the next meeting would convene on 16 and 17 February 2011. He then thanked all participants for their constructive feedback and wished all of them a safe journey home.

²⁰ Working Group C - Measuring the impact of ECDC's scientific advice (M Catchpole).pdf

²¹ Item 10 - Surveillance of pneumococcal invasive infection in Europe (A Ammon).pdf

²² Item 11 - Update from Hungarian Presidency.pdf